

Federal Recovery Coordination Program

Recovery, Rehabilitation and Reintegration

MENTAL HEALTH

VOC-REHAB

EDUCATION

EMPLOYMENT

FINANCES

SUBSTANCE
ABUSE

INSURANCE



BENEFITS



HEALTH



ADAPTIVE EQUIPMENT



HOUSING



FAMILY



For More Information Logon To: www.oefoif.va.gov or www.nationalresourcedirectory.org





FRCP – Program Description

The Federal Recovery Coordination Program, a joint program of the Departments of Defense and Veterans Affairs, helps coordinate and access federal, state and local programs, benefits and services for severely wounded, ill, or injured Service members, Veterans, and their families through recovery, rehabilitation, and reintegration.



FRCP Governance and Oversight

Memoranda of Understanding, DoD and VA,
August and October 2007

VA Directive 0802

VA Handbook 0802

Joint Executive Council

Senior Oversight Committee

Congressional Hearings

GAO Program Evaluation



FRCP – Population and Criteria*

Seriously WII Service members and Veterans

- In an acute care setting within a military treatment facility;
- Diagnosed or referred with one or more of the following:
 - Spinal Cord Injury
 - Burns
 - Amputation
 - Visual Impairment
 - Traumatic Brain Injury (TBI)
 - Post Traumatic Stress Disorder (PTSD);
- Considered at risk for psychosocial complication;
- Self or Command referred based on perceived ability to benefit from a recovery plan.

*Determined by SOC





Key working parts of FRCP include . . .

- **Federal Recovery Coordinators**
 - Clinical background – all Masters' prepared nurses or social workers
 - Hired and paid for by VA
 - Trained in DoD, VA and public sector programs and benefits
 - Assigned/supervised by FRCP
 - Work with clients, families and interdisciplinary teams to meet needs
- **Federal Individual Recovery Plan (FIRP)**
 - Based on client/family goals
 - Used by client and FRC to track progress to goal completion
- **Tools**
 - Veterans Tracking Application
 - National Resource Directory



In the beginning . . .

The Washington Post

Sunday, February 18, 2007

“Soldiers Face Neglect, Frustration At Army's Top Medical Facility

By Dana Priest and Anne Hull

Behind the door of Army Spec. Jeremy Duncan's room, part of the wall is torn and hangs in the air, weighted down with black mold. When the wounded combat engineer stands in his shower and looks up, he can see the bathtub on the floor above through a rotted hole. The entire building, constructed between the world wars, often smells like greasy carry-out. Signs of neglect are everywhere: mouse droppings, belly-up cockroaches, stained carpets, cheap mattresses. ”



Followed by lots of investigation...

- April 2007 - Interagency Task Force On Returning Global War On Terror Heroes
 - May 2007 - Independent Review Group on Rehabilitative Care and Administrative Processes at WRAMC and NNMC
 - June 2007 - DoD Task Force on Mental Health
 - July 2007 - President's Commission on Care for America's Returning Wounded Warriors
 - Oct. 2007 - Veterans Disability Benefits Commission
- Multiple Congressional Hearings



Studies identified the problems . . .

- Complex war injuries
- System barriers
- Multiple transitions
- Confusing benefits
- Information Access
- Integration/navigation left to individual/family



How does FRCP help solve problems?

- **Complex war injuries**
 - ✓ Clinical personnel understand the injuries or illnesses and are better able to coordinate necessary services, benefits and resources
- **System barriers**
 - ✓ A single point of contact better aligns services, benefits and resources across and between “systems” while using all case managers in doing so
- **Multiple transitions**
 - ✓ A single point of contact throughout the transitions is critical (mind the gap) as individuals move between and among various case managers and systems



How does FRCP help solve problems?

- **Confusing benefits**
 - ✓ A single point of contact understands the benefits/services and can align them as needed using all case managers in doing so
- **Information access**
 - ✓ A single point of contact can provide consistent and accurate information - they don't have to know it all – they just have to know how to access it
- **Integration/navigation left to individual/family**
 - ✓ A single point of contact across all transitions , and between and among systems, improves satisfaction and outcome



FRCP Active Client Demographics*

- Average age = 30, range 19-60
- 95% are Male; 5% are Female
- 60% are Active Duty (48% Army; 34%; Marines; 12% Navy; 5% Air Force, 1% Coast Guard)
- 15% are National Guard or Reserve
- 48% are single
- 37% Legal representative
- 84% affiliated with a Wounded Warrior Program
- 75% are outpatient
- 70% have multiple injuries/illnesses



FRCP Baseline Satisfaction Survey

- 80% of Clients satisfied
- 77% of Caregivers satisfied
- In context, ACSI* data from 2009:
 - Aggregate Public Administration/Government = 68.7%
 - Aggregate Health Care & Social Assistance = 77.0%
 - Veterans Health Administration = 88%
- Survey results point to a program improvement strategy to increase satisfaction in FY2012
- Target for FY2012 = 85%

*American Customer Satisfaction Index (<http://www.theacsi.org/>)



FRCP Caseload

- Total FY2010 referrals = 598
 - 165% increase over FY2008
 - Average of 50 referrals/month
- Currently, 727 Active clients (as of 4/25/2011)
- Additional 79 in Evaluation (as of 4/25/2011)
- Average caseload = 33 Active clients/FRC
 - range 15 to 61, target 25-35



FRCP – Personnel & Locations

Facility Name and Location	FRCs
Walter Reed Army Medical Center, Washington, DC	3
National Naval Medical Center, Bethesda, MD	1 (2)
San Antonio Military Medical Center, San Antonio, TX	5
Naval Medical Center, San Diego, CA	3
Naval Hospital, Camp Pendleton, CA	1
Eisenhower Army Medical Center, Augusta, GA	2
SOCOM Headquarters, Tampa, FL	1
Providence VAMC, Providence, RI	1
Michael E. DeBakey VAMC, Houston, TX	1
James A. Haley VAMC, Tampa, FL	1
Hunter Holmes McGuire VAMC, Richmond, VA	2
Palo Alto VAMC, Palo Alto, CA	(1)
Navy Safe Harbor, Washington, DC	1
TOTAL	22 (25)



FRCP Tracking



UNITED STATES DEPARTMENT OF VETERANS AFFAIRS VETERANS TRACKING APPLICATION

Welcome **N/A MADDOX , BAMC, Bedford, New Orleans, Central Area**

v.1.7.1

[Registration](#)

[Veterans Search](#)

[FRC](#)

[Reports](#)

[Help](#)

[My Account](#)

[Terms of Use](#)

[Logout](#)

Name: Test Patient 1031 **Case #:** 36 **SSN:** 666-00-1031 **DOB:** 07/04/1970

[CLIENT INFO](#)

[FIRP](#)

[CONTACTS](#)

[MEDICAL INFO](#)

[LOCATIONS](#)

[UPLOAD FILES](#)

[Category List](#) >> [Career](#) >> Increase career opportunities (Caregiver) :: Topic List

[Archived Goals](#)

[Archived Notes](#)

[Add Topic](#)

[Add Note](#)

☒ Career Counseling

☒ Complete counseling

☒ Licensure/Certification/Security Clearances

☒ Assess status or need for licensure

☒ Monitor progress

[Return to FRC Case List](#)

[Save Changes](#)

[Print FIRP](#)

* indicates required field



FRCP Tracking, Reporting, Measuring

Welcome JESUS POWELL (Log out | Change Password)
You have 4 new messages!

Search for: [] []

A Service of the Department of Veterans Affairs and the Department of Defense

My eBenefits | Benefit Links | Tools | Apply | About | Help

Dashboard | Portlet Name | About Home Loan Eligibility | []

Federal Individual Recovery Plan (FIRP)

Filter by: All Tasks [] [Submit]

Tools: [] [Print FIRP]

Category: Career

Goal: Gain Employment

Topic: Emotional Support

NOT STARTED: Discuss Process and Monitor Progress 1
Responsible POC: John Doe | Start Date: 12/10/2010 | Duration: 190 days | Expected End: 10/31/2011

OPEN: Discuss Process and Monitor Progress
Responsible POC: Jonathan Jacobson Williamsworth Doe IV | Started: 12/10/2010 | Duration: 190 days | Expected End: 10/31/2011

OPEN: Discuss Process and Monitor Progress
Responsible POC: John Doe | Started: 12/10/2010 | Duration: 190 days | Expected End: 10/31/2011

PENDING: Discuss Process and Monitor Progress
Responsible POC: John Doe | Started: 12/10/2010 | Duration: 190 days | Expected End: 10/31/2011

Topic: Licensure/Certification/Security Clearances

COMPLETE: Discuss Process and Monitor Progress
Responsible POC: John Doe | Started: 12/10/2010 | Duration: 190 days | Completed Date: 10/31/2011

IN PROGRESS: Discuss Process and Monitor Progress
Responsible POC: John Doe | Started: 12/10/2010 | Duration: 190 days | Expected End: 10/31/2011

Goal: Chart Career Path

Topic: Chart Path

COMPLETE: Discuss Process and Monitor Progress
Responsible POC: John Doe | Started: 12/10/2010 | Duration: 190 days | Expected End: 10/31/2011

Category: Finances

No Goals Currently Identified

Category: Test

Goal: Gain Employment

Topic: Emotional Support

NOT STARTED: Discuss Process and Monitor Progress 5
Responsible POC: John Doe | Start Date: 12/10/2010 | Duration: 190 days | Expected End: 10/31/2011

Category: Test

Goal: Gain Employment

Topic: Emotional Support

COMPLETE: Discuss Process and Monitor Progress
Responsible POC: John Doe | Start Date: 12/10/2010 | Duration: 190 days | Expected End: 10/31/2011

[Print FIRP]

eBenefits Links: eBenefits Home, About eBenefits, Policies, Sources, Contact Us

Veterans Affairs Links: VA Home, VA Web Policies & Important Links, VA Forms, VA Facility Locator, Contact the VA, About VA, EAGA, VA Privacy Policy, VA Site Map, Inspector General

Directions: Regulations & Guidance, DoD Privacy Act Statement, VA Freedom of Information Act, Small Business Contacts, NO Fear Act Data

More Related Links: DoD Privacy Act Statement, Forms.gov, White House, USA.gov, Regulations.gov, GovBenefits.gov, EAGS Main, Access.gov, DefenseLINK, DoD Freedom of Information Act, FOIA



Who we work with. . .

<u>Medical Case Manager Types</u>	<u>Non-Medical Case Manager Types</u>
Blind Rehabilitation Case Manager (VHA)	DISC Case Manager
Blind Rehabilitation VIST Coordinator (VHA)	DoD Finance Office Liaison
Community Health Nurse Coordinator	Joint Family Support Assistance Program Personnel
Disease/Condition-Specific Case Manager	Legal (includes JAG)
Home Based Primary Care Case Manager (VHA)	Military Liaison
Inpatient Acute Care Case Manager	Military Service Coordinator (VBA)
Military Medical Case Manager	OEF/OIF Coordinator (VBA)
MMSO Case Manager	Other Non-Medical Case Manager
Navy Marine Corps Relief Society Visiting Nurse	PEBLO
OEF/OIF Case Manager or Other Personnel (VHA)	Recovery Care Coordinator (RCC)
OEF/OIF Program Manager (VHA)	Social Security Representative
Outpatient Medical Case Manager	TSGLI Liaison
Polytrauma Case Manager (Lead) (VHA)	Transition Assistance Advisor (National Guard, TAA)
Polytrauma Center Case Manager (VHA)	Transition Patient Advocate (VHA)
Social Work Medical Case Manager	Transition Assistance Liaison (TAL)
Spinal Cord Injury Case Manager (VHA)	Veterans Benefits Counselor (VBC)
Telehealth Case Manager (VHA)	VBA Liaison
TRICARE Beneficiary Counseling and Assistance Coordinator	VR&E Counselor
TRICARE Case Manager	Wounded Warrior Advocate (Varies based on Service)
TRICARE Liaison or Representative	Warrior Transition Unit Triad Case Manager
VA Suicide Prevention Case Manager	
VHA Liaison	
DVBIC TBI Recovery Coordinator	
VA Mental Health Recovery Coordinator	

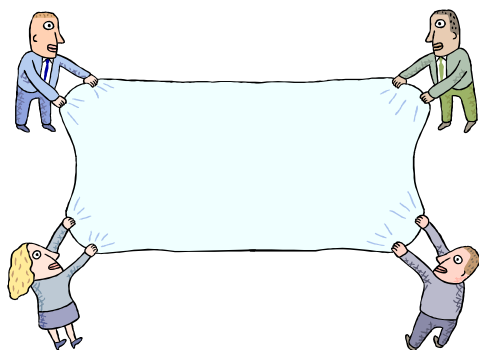
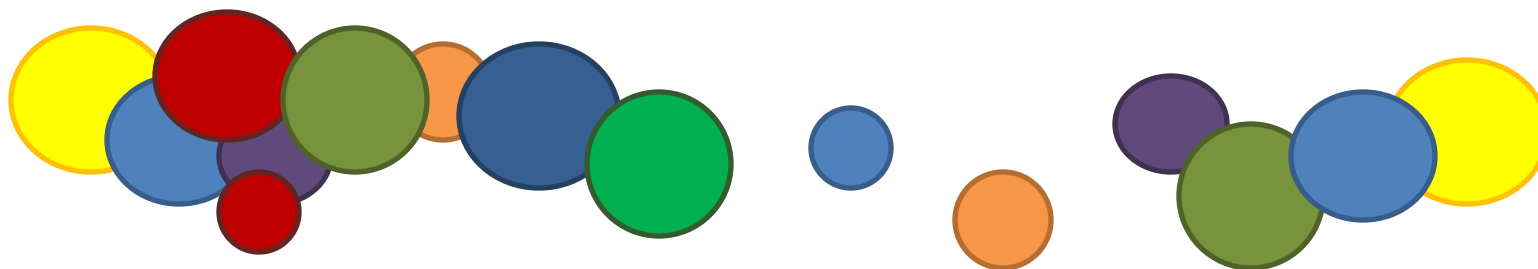


Federal Recovery Coordination Program

Recovery

Rehabilitation

Reintegration





Task Force Questions

How does FRCP define success in recovery coordination for recovering warriors?

- Success for FRCP is facilitating a smooth recovery and reintegration for Service members or Veterans.
- A Service member or Veteran achieves his/her goals
- Success is when the client moves to inactive status based on his/her belief that they have successfully reintegrated and no longer require support
- Clients receive appropriate health care, benefits, and services to which they are entitled
- Ensuring open access to resources through the National Resource Directory



Task Force Questions

What kinds of data does FRCP gather to measure the effectiveness of FRCs, and/or the FRCP as a whole ? Please describe these measurement methods and summarize the results.

Measures for FRCs include:

- Complete evaluations within 30 days of referral
- Initiate FIRP within 30 days of enrollment
- Contact clients at least once every 30 days
- Follow-up on redirects within 5 days

FRCP tracks number of closed goals

Measures are calculated and tracked through VTA for easy review by FRCs and FRCP management

FRCP is also part of the Information Sharing Initiative working toward the ability to share information across programs



Task Force Questions

What kinds of data does FRCP gather to measure the effectiveness of FRCs, and/or the FRCP as a whole ? Please describe these measurement methods and summarize the results.

FRCP measures:

- FRCs meeting performance requirements*
- Number of closed goals*

FRCP conducted a client satisfaction survey in 2010. The results showed an overall 80 percent client satisfaction. FRCP has established a goal of 85 percent satisfaction by 2012

* Results for these measures are not available at this time because FRCP recently transitioned to a new data management system and the results are undergoing review and validation



Task Force Questions

Please describe the training FRCP provides FRCs, including training on case management in general, training on recovering warrior case management in particular, and other subjects.

FRCP has a robust training plan

All FRCs are masters prepared nurses or social workers

All FRCs must fulfill requirements to maintain their licensure

All FRC are required to attend a two week orientation as they begin as FRCs

- Orientation includes detailed briefings on federal and private resources available to Service Members and Veterans including VA, DoD, DOL, and SSA
- Orientation also provides shadowing opportunities for new FRCs to get hands-on experience with the duties of a FRC

All FRCs are required to attend quarterly training throughout the year

- Quarterly training is a week long and covers any changes in policies, legislation, and/or resources available for recovering Service Members or Veterans
- Quarterly training also includes new information and/or training that has been identified either by FRCP management or FRC themselves

Both quarterly training and orientation cover case/care management issues including the roles and responsibilities of case managers within the RCC, wounded warrior programs, and VA benefits and services

FRCs participate in a weekly teleconference where new information is shared and where FRCs have the opportunity to share ideas and collaborate as necessary

FRCs are encouraged to sit for the Case Management Certification. The Case Management Society of America recognizes service as an FRC as a qualification for certification.



Task Force Questions

*How does FRCP promulgate best practices in Federal Recovery Coordination?
Are best practices evidence based?*

The care coordination service provided by FRC is still in its infancy - best practices are a function of what seems to work best

FRCs stay abreast of best practices in related fields and consider ways to incorporate findings

FRCs share individual best practices and successes through weekly teleconferences, quarterly training, and weekly group supervision calls

Best practices are promulgated through standard operating procedures, sharepoint postings, and other policy and procedure documents (e.g., directives and handbooks)

It is established that care coordination increases successful outcomes

FRCP conducted an initial site visit to each FRC location to identify best practices



Task Force Questions

How does FRCP define success in support for family care givers?

FRCs incorporate family caregivers in establishing the client's Federal Individualized Recovery Plan (FIRP).

FRCs identify and meet the needs of family caregivers with respect to needed services and resources



Task Force Questions

What kinds of data does FRCP gather to measure how effectively it support family caregivers? Please describe any measurement methods that FRCP employs and summarize any available results.

Caregivers are included in the FRCP satisfaction survey, caregiver satisfaction was 77 percent in the 2010 survey

FRCs coordinate care and services for family caregivers as appropriate

FRCs ensure all caregivers who are entitled to the caregiver benefit receive it

FRCs ensure that caregivers who request respite care receive it

FRCs ensure that every caregiver for a TBI client receives a copy of the DVBIC TBI Guide for Caregivers

FRCs connect family caregivers with federal, state and private resources that will support them during the Service member or Veterans recovery and reintegration